

TRANSMITTAL FORM

Attorney Docket No.

2573P

In re the application **Kavafios** Confirmation No: **1703**Serial No: **10/621,767** Group Art Unit: **2858**Filed: **July 16, 2003**Examiner: **Nguyen, Vincent Q.**For: **Method for Suppressing Even Order Harmonics in a Device that Utilizes Transconductors**

ENCLOSURES (check all that apply)

| | | | | | |
|-------------------------------------|-------------------------------------|--|--|-------------------------------------|---|
| <input checked="" type="checkbox"/> | Amendment/Reply | <input type="checkbox"/> | Assignment and Recordation Cover Sheet | <input type="checkbox"/> | After Allowance Communication to Group |
| <input type="checkbox"/> | After Final | <input type="checkbox"/> | Part B-Issue Fee Transmittal | <input type="checkbox"/> | Notice of Appeal |
| <input type="checkbox"/> | Information disclosure statement | <input type="checkbox"/> | Letter to Draftsman | <input type="checkbox"/> | Appeal Brief (in triplicate) |
| <input type="checkbox"/> | Form 1449 | <input checked="" type="checkbox"/> | Replacement Drawings (Figs. 1, 2 and 6) Three Sheets | <input type="checkbox"/> | Status Letter |
| <input type="checkbox"/> | (X) Copies of References | <input type="checkbox"/> | Petition | <input checked="" type="checkbox"/> | Postcard |
| <input checked="" type="checkbox"/> | Extension of Time Request * | <input type="checkbox"/> | Fee Address Indication Form | <input type="checkbox"/> | Other Enclosure(s) (please identify below): |
| <input type="checkbox"/> | Express Abandonment | <input type="checkbox"/> | Terminal Disclaimer | | |
| <input type="checkbox"/> | Certified Copy of Priority Doc | <input type="checkbox"/> | Power of Attorney and Revocation of Prior Powers | | |
| <input type="checkbox"/> | Response to Incomplete Appln | <input type="checkbox"/> | Change of Correspondence Address | | |
| <input type="checkbox"/> | Response to Missing Parts | *Extension of Term: Pursuant to 37 CFR 1.136, Applicant petitions the Commissioner to extend the time for response for xxxxx month(s), from to . | | | |
| <input type="checkbox"/> | Executed Declaration by Inventor(s) | | | | |

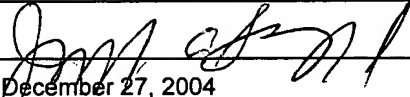
CLAIMS

| FOR | Claims Remaining After Amendment | Highest # of Claims Previously Paid For | Extra Claims | RATE | FEE |
|--------------------|----------------------------------|---|--------------|----------|---------|
| Total Claims | 6 | 20 | 0 | \$ 25.00 | \$ 0.00 |
| Independent Claims | 2 | 3 | 0 | \$100.00 | \$ 0.00 |
| Total Fees | | | | | \$ 0.00 |

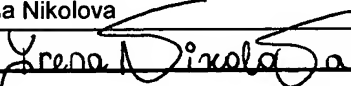
METHOD OF PAYMENT

| | |
|-------------------------------------|---|
| <input checked="" type="checkbox"/> | Check no. <u>08217</u> in the amount of \$ 60.00 is enclosed for payment of one month extension fees. |
| <input type="checkbox"/> | Charge \$ _____ to Deposit Account No. _____ (Account Holder Name) for payment of fees. |
| <input checked="" type="checkbox"/> | Charge any additional fees or credit any overpayment to Deposit Account No. <u>02-2120</u> (Sawyer Law Group) |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | |
|---------------|---|
| Attorney Name | Joseph A. Sawyer, Jr., Reg. No. 30,801 |
| Signature |  |
| Date | December 27, 2004 |

CERTIFICATE OF MAILING

| | |
|---|---|
| I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on December 27, 2004 | |
| Type or printed name | Irena Nikolova |
| Signature |  |